

## B1 (Official Form 1) (04/13)

<b>United States Bankruptcy Court Western District of Michigan</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Keiper, Robert Daniel</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Keiper, Juanita Marie</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>0582</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>2050</b>		
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>23165 B Drive N Albion, MI</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>23165 B Drive N Albion, MI</b>		
ZIPCODE <b>49224</b>			ZIPCODE <b>49224</b>		
County of Residence or of the Principal Place of Business: <b>Calhoun</b>			County of Residence or of the Principal Place of Business: <b>Calhoun</b>		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIPCODE			ZIPCODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIPCODE					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <hr/> <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <hr/> <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Keiper, Robert Daniel & Keiper, Juanita Marie****All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Western District Of Michigan**

Case Number:

**13-09333**

Date Filed:

**12/10/2013**

Location

Where Filed: **N/A**

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X /s/ Jeffrey D. Mapes****2/20/15**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Keiper, Robert Daniel & Keiper, Juanita Marie****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Robert Daniel Keiper**

Signature of Debtor

**Robert Daniel Keiper****X /s/ Juanita Maire Keiper**

Signature of Joint Debtor

**Juanita Maire Keiper****(517) 960-6235**

Telephone Number (If not represented by attorney)

**February 20, 2015**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\*****X /s/ Jeffrey D. Mapes**

Signature of Attorney for Debtor(s)

**Jeffrey D. Mapes P70509****Jeffrey D. Mapes, PLC****29 Pearl St. NW, Ste. 305****Grand Rapids, MI 49503****(616) 719-3847 Fax: (616) 719-3857****jeff@mapes-law.com****February 20, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**United States Bankruptcy Court  
Western District of Michigan**

IN RE:

Case No. \_\_\_\_\_

Keiper, Robert Daniel

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Robert Daniel Keiper

Date: February 20, 2015

Certificate Number: 00134-MIW-CC-024094022



00134-MIW-CC-024094022

## CERTIFICATE OF COUNSELING

I CERTIFY that on August 30, 2014, at 5:35 o'clock PM EDT, Robert D. Keiper received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: August 30, 2014 By: /s/Natasha Sadhala

Name: Natasha Sadhala

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

**United States Bankruptcy Court  
Western District of Michigan**

IN RE:

Case No. \_\_\_\_\_

Keiper, Juanita Marie

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Juanita Maire Keiper

Date: February 20, 2015

Certificate Number: 00134-MIW-CC-024094022



00134-MIW-CC-024094022

## CERTIFICATE OF COUNSELING

I CERTIFY that on August 30, 2014, at 5:35 o'clock PM EDT, Robert D. Keiper received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: August 30, 2014 By: /s/Natasha Sadhala

Name: Natasha Sadhala

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).



United States Bankruptcy Court  
Western District of Michigan

IN RE:

Case No. \_\_\_\_\_

Keiper, Robert Daniel & Keiper, Juanita Marie

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 110,000.00		
B - Personal Property	Yes	3	\$ 43,825.99		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		\$ 123,923.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		\$ 48,357.49	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 2,209.02
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 3,578.00
TOTAL		32	\$ 153,825.99	\$ 172,280.49	



United States Bankruptcy Court  
Western District of Michigan

IN RE:

Case No. \_\_\_\_\_

Keiper, Robert Daniel & Keiper, Juanita Marie

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ 2,209.02
Average Expenses (from Schedule J, Line 22)	\$ 3,578.00
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ 3,782.29

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 13,923.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 48,357.49
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 62,280.49

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie Case No. \_\_\_\_\_  
Debtor(s) (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor’s own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an “H,” “W,” “J,” or “C” in the column labeled “Husband, Wife, Joint, or Community.” If the debtor holds no interest in real property, write “None” under “Description and Location of Property.”

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write “None” in the column labeled “Amount of Secured Claim.”

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Debtors' Residence 23165 B North Drive Albion, MI 49224	Fee Simple - Joint Owners	J	110,000.00	123,923.00
TOTAL			110,000.00	

(Report also on Summary of Schedules)

IN RE **Keiper, Robert Daniel & Keiper, Juanita Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Debtors' Cash</b>	<b>J</b>	<b>2.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Debtors' Christmas Account Kellogg Community Federal Credit Union Account #: xxx009</b>	<b>J</b>	<b>25.00</b>
		<b>Debtors' Classic Checking Account Kellogg Community Federal Credit Union Account #: xxx030 Debtor's 2014 tax refund is currently on deposit in this account. Debtors have not yet spent any of the refund.</b>	<b>J</b>	<b>4,238.99</b>
		<b>Debtors' Regular Share Account Kellogg Community Federal Credit Union Account #: XXX00</b>	<b>J</b>	<b>100.00</b>
		<b>Debtors' Savings Account Homestead Savings Bank Account #: XXXXXX9606</b>	<b>J</b>	<b>7.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Debtors' Furniture Nothing Valued at more than \$550</b>	<b>J</b>	<b>2,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Debtors' Clothing</b>	<b>J</b>	<b>1,000.00</b>
7. Furs and jewelry.		<b>Debtors' Jewelry</b>	<b>J</b>	<b>300.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Debtor's Hunting Equipment</b>	<b>H</b>	<b>500.00</b>
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>Co-Debtor's 401(K) Estes Express Lines</b>	<b>W</b>	<b>30,000.00</b>
		<b>Pension plan through debtor's employment (he is currently disabled and will not be eligible to draw on this pension until he is 57 years old.</b>	<b>H</b>	<b>1.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Co-Debtor's Accrued Wages</b>	<b>J</b>	<b>2,952.00</b>
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>2/12 2015 Tax Refund</b>	<b>J</b>	<b>200.00</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie Case No. \_\_\_\_\_  
Debtor(s) (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>Debtor's 2000 Chevy Malibu 120,000 Miles / Doesn't run</b>	<b>H</b>	<b>500.00</b>
		<b>Debtors' 2000 Ford Expedition 136,000 Miles / Fair Condition KBB Value</b>	<b>J</b>	<b>2,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>43,825.99</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE Keiper, Robert Daniel Case No. \_\_\_\_\_  
Debtor(s) (If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:  
(Select one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

- ☒ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Debtors' Cash	11 USC § 522(d)(5)	1.00	2.00
Debtors' Christmas Account Kellogg Community Federal Credit Union Account #: xxx009	11 USC § 522(d)(5)	12.50	25.00
Debtors' Classic Checking Account Kellogg Community Federal Credit Union Account #: xxx030 Debtor's 2014 tax refund is currently on deposit in this account. Debtors have not yet spent any of the refund.	11 USC § 522(d)(5)	2,119.50	4,238.99
Debtors' Regular Share Account Kellogg Community Federal Credit Union Account #: XXX00	11 USC § 522(d)(5)	50.00	100.00
Debtors' Savings Account Homestead Savings Bank Account #: XXXXXX9606	11 USC § 522(d)(5)	3.50	7.00
Debtors' Furniture Nothing Valued at more than \$550	11 USC § 522(d)(3)	1,000.00	2,000.00
Debtors' Clothing	11 USC § 522(d)(3)	500.00	1,000.00
Debtors' Jewelry	11 USC § 522(d)(4)	150.00	300.00
Debtor's Hunting Equipment	11 USC § 522(d)(5)	500.00	500.00
Co-Debtor's 401(K) Estes Express Lines	11 USC § 522(d)(12)	30,000.00	30,000.00
Pension plan through debtor's employment (he is currently disabled and will not be eligible to draw on this pension until he is 57 years old).	11 USC § 522(d)(10)(E)	100%	1.00
Co-Debtor's Accrued Wages	11 USC § 522(d)(5)	2,952.00	2,952.00
2/12 2015 Tax Refund	11 USC § 522(d)(5)	200.00	200.00
Debtor's 2000 Chevy Malibu 120,000 Miles / Doesn't run	11 USC § 522(d)(5)	500.00	500.00
Debtors' 2000 Ford Expedition 136,000 Miles / Fair Condition KBB Value	11 USC § 522(d)(2)	1,000.00	2,000.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Keiper, Juanita Marie

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

- ☒ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Debtors' Cash	11 USC § 522(d)(5)	1.00	2.00
Debtors' Christmas Account Kellogg Community Federal Credit Union Account #: xxx009	11 USC § 522(d)(5)	12.50	25.00
Debtors' Classic Checking Account Kellogg Community Federal Credit Union Account #: xxx030 Debtor's 2014 tax refund is currently on deposit in this account. Debtors have not yet spent any of the refund.	11 USC § 522(d)(5)	2,119.50	4,238.99
Debtors' Regular Share Account Kellogg Community Federal Credit Union Account #: XXX00	11 USC § 522(d)(5)	50.00	100.00
Debtors' Savings Account Homestead Savings Bank Account #: XXXXXX9606	11 USC § 522(d)(5)	3.50	7.00
Debtors' Furniture Nothing Valued at more than \$550	11 USC § 522(d)(3)	1,000.00	2,000.00
Debtors' Clothing	11 USC § 522(d)(3)	500.00	1,000.00
Debtors' Jewelry	11 USC § 522(d)(4)	150.00	300.00
Debtors' 2000 Ford Expedition 136,000 Miles / Fair Condition KBB Value	11 USC § 522(d)(2)	1,000.00	2,000.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.



IN RE **Keiper, Robert Daniel & Keiper, Juanita Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>0714</b> <b>Homesteads Savings Ban</b> <b>415 S Savings Bank Fsb</b> <b>Albion, MI 49224</b>		<b>MORTGAGE ACCOUNT OPENED 10/2004</b>   <b>VALUE \$ 110,000.00</b>				<b>123,923.00</b>	<b>13,923.00</b>
ACCOUNT NO.							
		<b>VALUE \$</b>					
ACCOUNT NO.							
		<b>VALUE \$</b>					
ACCOUNT NO.							
		<b>VALUE \$</b>					

0 continuation sheets attached

Subtotal  
(Total of this page) \$ **123,923.00** \$ **13,923.00**

Total  
(Use only on last page) \$ **123,923.00** \$ **13,923.00**

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE **Keiper, Robert Daniel & Keiper, Juanita Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Afni</b> <b>1310 Martin Luther King Drive, POB 3517</b> <b>Bloomington, IL 61702-3517</b>	<b>W</b>					<b>399.77</b>
ACCOUNT NO. <b>5987</b> <b>Allied Collection Grou</b> <b>400 Allied Ct</b> <b>Zeeland, MI 49464</b>		<b>OPEN ACCOUNT OPENED 8/2012</b>				<b>236.00</b>
ACCOUNT NO. <b>Promed Healthcare - 1st</b>		<b>Assignee or other notification for:</b> <b>Allied Collection Grou</b>				
ACCOUNT NO. <b>1905</b> <b>Allied Collection Grou</b> <b>400 Allied Ct</b> <b>Zeeland, MI 49464</b>		<b>OPEN ACCOUNT OPENED 2/2011</b>				<b>215.00</b>
Subtotal (Total of this page)						<b>\$ 850.77</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

14 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

IN RE Keiper, Robert Daniel &amp; Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Oaklawn Hospital</b>		<b>Assignee or other notification for: Allied Collection Grou</b>				
ACCOUNT NO. <b>3273</b> <b>Allied Collection Grou</b> <b>400 Allied Ct</b> <b>Zeeland, MI 49464</b>		<b>OPEN ACCOUNT OPENED 2/2010</b>				<b>50.00</b>
ACCOUNT NO. <b>Oaklawn Hospital</b>		<b>Assignee or other notification for: Allied Collection Grou</b>				
ACCOUNT NO. <b>2403</b> <b>American General Financial/springleaf Fi</b> <b>Springleaf Financial/Attn: Bankruptcy De</b> <b>Po Box 3251</b> <b>Evansville, IN 47731</b>		<b>INSTALLMENT ACCOUNT OPENED 12/2006</b>				<b>2,104.00</b>
ACCOUNT NO. <b>10th Judicial District Court</b> <b>Case #: 09-0729-GC</b> <b>161 E. Michigan Ave.</b> <b>Battle Creek, MI 49014</b>		<b>Assignee or other notification for: American General Financial/springleaf Fi</b>				
ACCOUNT NO. <b>Bad Check Recovery</b> <b>PO Box 365</b> <b>Cadillac, MI 49601-0365</b>	<b>W</b>					<b>35.00</b>
ACCOUNT NO. <b>8452</b> <b>Borgess Heart Center for Excellence</b> <b>5943 Stadium Dr Ste 3</b> <b>Kalamazoo, MI 49009</b>	<b>W</b>	<b>May 14th, 2014.</b>				<b>236.00</b>

Sheet no. 1 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,425.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3138</b> <b>C.A.R.M.</b> <b>PO Box 358</b> <b>Cadillac, MI 49601-0358</b>	<b>J</b>	<b>Service dates 2/6/10 and 7/27/10.</b>				<b>1,819.27</b>
ACCOUNT NO. <b>Beckly Rd Med Imaging And MRI</b> <b>1015 Wilcox St PO BOX 358</b> <b>Cadillac, MI 49601</b>		<b>Assignee or other notification for:</b> <b>C.A.R.M.</b>				
ACCOUNT NO. <b>Radiology Consultants Plc</b> <b>5350 Beckley Road Ste C</b> <b>Battle Creek, MI 49015-4178</b>		<b>Assignee or other notification for:</b> <b>C.A.R.M.</b>				
ACCOUNT NO. <b>3138</b> <b>Cadillac Acnts Rec Mg</b> <b>Po Box 358</b> <b>Cadillac, MI 49601</b>		<b>OPEN ACCOUNT OPENED 2/2010</b>				<b>1,808.00</b>
ACCOUNT NO. <b>Beckly Rd Med Imaging Mri</b>		<b>Assignee or other notification for:</b> <b>Cadillac Acnts Rec Mg</b>				
ACCOUNT NO. <b>0740</b> <b>Cadillac Acnts Rec Mg</b> <b>Po Box 358</b> <b>Cadillac, MI 49601</b>		<b>OPEN ACCOUNT OPENED 7/2010</b>				<b>11.00</b>
ACCOUNT NO. <b>Radiology Consultants Plc</b>		<b>Assignee or other notification for:</b> <b>Cadillac Acnts Rec Mg</b>				

Sheet no. 2 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,638.27**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6711</b> <b>Cadillac Acnts Rec Mg</b> <b>Po Box 358</b> <b>Cadillac, MI 49601</b>		<b>OPEN ACCOUNT OPENED 8/2009</b>				<b>0.00</b>
ACCOUNT NO. <b>Radiology Consultants Plc</b>		<b>Assignee or other notification for:</b> <b>Cadillac Acnts Rec Mg</b>				
ACCOUNT NO. <b>9676</b> <b>Cadillac Acnts Rec Mg</b> <b>Po Box 358</b> <b>Cadillac, MI 49601</b>		<b>OPEN ACCOUNT OPENED 10/2009</b>				<b>0.00</b>
ACCOUNT NO. <b>Radiology Consultants Plc</b>		<b>Assignee or other notification for:</b> <b>Cadillac Acnts Rec Mg</b>				
ACCOUNT NO. <b>1768</b> <b>Cadillac Acnts Rec Mg</b> <b>Po Box 358</b> <b>Cadillac, MI 49601</b>		<b>OPEN ACCOUNT OPENED 9/2007</b>				<b>0.00</b>
ACCOUNT NO. <b>Radiology Consultants Plc</b>		<b>Assignee or other notification for:</b> <b>Cadillac Acnts Rec Mg</b>				
ACCOUNT NO. <b>Cadillac Acnts Rec Mg</b> <b>1015 Wilcox St</b> <b>Po Box 358</b> <b>Cadillac, MI 49601-0358</b>	<b>H</b>					<b>15.08</b>

Sheet no. 3 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **15.08**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5442</b> <b>Cap One Na</b> <b>Po Box 26625</b> <b>Richmond, VA 23261</b>		<b>REVOLVING ACCOUNT OPENED 5/2012</b>				<b>344.00</b>
ACCOUNT NO. <b>7420</b> <b>Capital 1 Bank</b> <b>Attn: Bankruptcy Dept.</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b>		<b>REVOLVING ACCOUNT OPENED 5/2012</b>				<b>370.00</b>
ACCOUNT NO. <b>Cigna Home Delivery Pharmacy</b> <b>PO Box 382097</b> <b>Pittsburgh, PA 15250</b>	<b>W</b>					<b>74.04</b>
ACCOUNT NO. <b>8055</b> <b>Coast 2 Coast Financial</b> <b>101 Hodencamp Rd. Ste. 120</b> <b>Thousand Oaks, CA 91360</b>	<b>J</b>	<b>August 2014 service date/Republic Services.</b>				<b>144.05</b>
ACCOUNT NO. <b>Republic Services</b> <b>3432 Gembrit Circle</b> <b>Kalamazoo, MI 49001</b>		<b>Assignee or other notification for:</b> <b>Coast 2 Coast Financial</b>				
ACCOUNT NO. <b>Community Health Center</b> <b>274 East Chicago St.</b> <b>Coldwater, MI 49036</b>	<b>J</b>					<b>0.00</b>
ACCOUNT NO. <b>Nottage Law Office</b> <b>3724 W St Joesph</b> <b>Lansing, MI 48917</b>		<b>Assignee or other notification for:</b> <b>Community Health Center</b>				

Sheet no. 4 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **932.09**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



B6F (Official Form 6F) (12/07) - Cont.

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>10th Judicial District Court</b> <b>Case #: 06-8034-GC</b> <b>161 E. Michigan Ave.</b> <b>Battle Creek, MI 49014</b>		<b>Assignee or other notification for:</b> <b>Community Health Center</b>				
ACCOUNT NO. <b>3017</b> <b>Consumers Energy</b> <b>Lansing, MI 48937-0001</b>	<b>J</b>	<b>Notice Date 2/05/15.</b>				<b>17,676.08</b>
ACCOUNT NO. <b>Convergent Outsourcing Inc</b> <b>10750 Hammerly Blvd Ste 200</b> <b>Houston, TX 77043-2317</b>	<b>J</b>					<b>535.17</b>
ACCOUNT NO. <b>Bank Of America</b> <b>P.O. Box 15019</b> <b>Wilmington, DE 19886-5019</b>		<b>Assignee or other notification for:</b> <b>Convergent Outsourcing Inc</b>				
ACCOUNT NO. <b>0825</b> <b>Credit Management Lp</b> <b>4200 International Pkwy</b> <b>Carrollton, TX 75007</b>		<b>OPEN ACCOUNT OPENED 1/2009</b>				<b>178.00</b>
ACCOUNT NO. <b>Charter Communications</b>		<b>Assignee or other notification for:</b> <b>Credit Management Lp</b>				
ACCOUNT NO. <b>1064</b> <b>Credit One Bank</b> <b>Po Box 98873</b> <b>Las Vegas, NV 89193</b>		<b>REVOLVING ACCOUNT OPENED 7/2013</b>				<b>330.00</b>

Sheet no. 5 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **18,719.25**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Keiper, Robert Daniel & Keiper, Juanita Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>EOS CCA</b> <b>700 Longwater Drive</b> <b>Norwell, MA 02061</b>	<b>H</b>					<b>32.09</b>
ACCOUNT NO. <b>First Community Federal Credit Union</b> <b>550 S. Riverview Drive</b> <b>Parchment, MI 49004</b>	<b>W</b>					<b>1,241.02</b>
ACCOUNT NO. <b>Stephen B. Goldstein</b> <b>Po Box 1202</b> <b>Okemos, MI 48805</b>		<b>Assignee or other notification for:</b> <b>First Community Federal Credit Union</b>				
ACCOUNT NO. <b>12th District Court</b> <b>312 S. Jackson St.</b> <b>Jackson, MI 49201</b>		<b>Assignee or other notification for:</b> <b>First Community Federal Credit Union</b>				
ACCOUNT NO. <b>0009</b> <b>Gateway Fin</b> <b>Po Box 6919</b> <b>Saginaw, MI 48608</b>		<b>INSTALLMENT ACCOUNT OPENED 2/2006</b>				<b>0.00</b>
ACCOUNT NO. <b>Great Lakes Bone &amp; Joint Center</b> <b>2 Heritage Oak Ln</b> <b>Battle Creek, MI 49015-4250</b>	<b>H</b>					<b>149.60</b>
ACCOUNT NO. <b>Great Lakes Caring</b> <b>900 Cooper St.</b> <b>Jackson, MI 49224</b>	<b>H</b>					<b>107.32</b>

Sheet no. **6** of **14** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,530.03**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6709</b> <b>Great Lakes Home Medical</b> <b>900 Cooper</b> <b>Jackson, MI 49202</b>	<b>W</b>	<b>9/7/2014 Statement date.</b>				<b>26.66</b>
ACCOUNT NO. <b>8255</b> <b>Hsbc Bank</b> <b>Po Box 5253</b> <b>Carol Stream, IL 60197</b>		<b>REVOLVING ACCOUNT OPENED 1/2007</b>				<b>0.00</b>
ACCOUNT NO. <b>8225</b> <b>Hsbc Bank</b> <b>Po Box 5253</b> <b>Carol Stream, IL 60197</b>		<b>REVOLVING ACCOUNT OPENED 6/2008</b>				<b>0.00</b>
ACCOUNT NO. <b>4373</b> <b>Hsbc/tax</b> <b>90 Christiana Road</b> <b>New Castle, DE 19720</b>		<b>OPEN ACCOUNT OPENED 11/2006</b>				<b>0.00</b>
ACCOUNT NO. <b>3001</b> <b>I C System Inc</b> <b>Po Box 64378</b> <b>Saint Paul, MN 55164</b>		<b>OPEN ACCOUNT OPENED 9/2007</b>				<b>73.00</b>
ACCOUNT NO. <b>Tekonsha Animal Hospital</b>		<b>Assignee or other notification for:</b> <b>I C System Inc</b>				
ACCOUNT NO. <b>Independent Emergency Phys, PC</b> <b>PO Box 67000 Dept 236301</b> <b>Detroit, MI 48267</b>	<b>H</b>					<b>47.14</b>

Sheet no. 7 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

**146.80**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8134</b> <b>Marshall Area Firefighters Ambulance Aut</b> <b>16984 Burlingame Dr.</b> <b>Marshall, MI 49068-8422</b>	<b>H</b>	<b>3/03/2014 service call/date.</b>				<b>272.37</b>
ACCOUNT NO. <b>0003</b> <b>Medical Financial Solutions</b> <b>1521 Gull Road</b> <b>Kalamazoo, MI 49048</b>	<b>J</b>	<b>3/03/2014</b>				<b>1,337.91</b>
ACCOUNT NO. <b>Borgess Medical Center</b> <b>1521 Gull Road</b> <b>Kalamazoo, MI 49048-1640</b>		<b>Assignee or other notification for:</b> <b>Medical Financial Solutions</b>				
ACCOUNT NO. <b>0503</b> <b>Monarch Community Bank</b>		<b>INSTALLMENT ACCOUNT OPENED 5/2003</b>				<b>0.00</b>
ACCOUNT NO. <b>7943</b> <b>Monarch Community Bank</b> <b>375 N. Willowbrook Rd.</b> <b>Coldwater, MI 49036</b>		<b>INSTALLMENT ACCOUNT OPENED 12/1999</b>				<b>0.00</b>
ACCOUNT NO. <b>6370</b> <b>Monarch Community Bank</b> <b>375 N. Willowbrook Rd.</b> <b>Coldwater, MI 49036</b>		<b>INSTALLMENT ACCOUNT OPENED 11/2001</b>				<b>0.00</b>
ACCOUNT NO. <b>7136</b> <b>Money Recovery Nationw</b> <b>8155 Executive Ct Ste 10</b> <b>Lansing, MI 48917</b>		<b>OPEN ACCOUNT OPENED 2/2010</b>				<b>80.00</b>

Sheet no. 8 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

**1,690.28**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Great Lakes Bone Joint</b>		<b>Assignee or other notification for: Money Recovery Nationw</b>				
ACCOUNT NO. <b>3404</b> <b>Money Recovery Nationw</b> <b>8155 Executive Ct Ste 10</b> <b>Lansing, MI 48917</b>		<b>OPEN ACCOUNT OPENED 12/2009</b>				<b>49.00</b>
ACCOUNT NO. <b>Independent Emergency Phys-oak</b>		<b>Assignee or other notification for: Money Recovery Nationw</b>				
ACCOUNT NO. <b>6074</b> <b>Money Recovery Nationw</b> <b>8155 Executive Ct Ste 10</b> <b>Lansing, MI 48917</b>		<b>OPEN ACCOUNT OPENED 5/2008</b>				<b>25.00</b>
ACCOUNT NO. <b>Community Health Center</b>		<b>Assignee or other notification for: Money Recovery Nationw</b>				
ACCOUNT NO. <b>Money Recovery Nationwide</b> <b>PO Box 13129</b> <b>Lansing, MI 48901-3129</b>	<b>H</b>					<b>80.00</b>
ACCOUNT NO. <b>NCO Financial Systems</b> <b>3005 Grape Rd., Ste. A</b> <b>Mishiwaka, IN 46545</b>	<b>H</b>					<b>261.82</b>

Sheet no. 9 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

**415.82**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Oaklawn Hospital 200 N Madison St Marshall, MI 49068-1143</b>	<b>H</b>					<b>1,300.41</b>
ACCOUNT NO. <b>Law Office Of Barbara Tsaturova PO Box 2878 Holland, MI 49422-2878</b>		<b>Assignee or other notification for: Oaklawn Hospital</b>				
ACCOUNT NO. <b>10th Judicial District Court Case #: 13-4280-GC 161 E. Michigan Ave. Battle Creek, MI 49014</b>		<b>Assignee or other notification for: Oaklawn Hospital</b>				
ACCOUNT NO. <b>Oaklawn Hospital 200 N Madison St Marshall, MI 49068-1143</b>	<b>W</b>					<b>894.00</b>
ACCOUNT NO. <b>10th Judicial District Court Case #: 10-0510-GC 161 E. Michigan Ave. Battle Creek, MI 49014</b>		<b>Assignee or other notification for: Oaklawn Hospital</b>				
ACCOUNT NO. <b>Oaklawn Hospital 200 N Madison St Marshall, MI 49068-1143</b>	<b>H</b>					<b>1,208.12</b>
ACCOUNT NO. <b>Oaklawn Hospital 200 N Madison St Marshall, MI 49068-1143</b>	<b>H</b>					<b>1,057.22</b>

Sheet no. 10 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

**4,459.75**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE **Keiper, Robert Daniel & Keiper, Juanita Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	<b>W</b>					
<b>Oaklawn Hospital 200 N Madison St Marshall, MI 49068-1143</b>						
						<b>202.59</b>
ACCOUNT NO. <b>4908</b>	<b>J</b>	<b>3/03/2014 service date.</b>				
<b>Oaklawn Hospital 200 N Madison St Marshall, MI 49068-1143</b>						
						<b>127.48</b>
ACCOUNT NO. <b>8166</b>	<b>J</b>	<b>3/25/14 - 6/27/2014</b>				
<b>Oaklawn Hospital 200 N Madison St Marshall, MI 49068-1143</b>						
						<b>250.00</b>
ACCOUNT NO. <b>6820</b>	<b>J</b>	<b>7/21 - 7/22 2014 Medical Records charge.</b>				
<b>Oaklawn Medical Group 200 North Madison Marshall, MI 49068</b>						
						<b>70.45</b>
ACCOUNT NO. <b>9039</b>		<b>INSTALLMENT ACCOUNT OPENED 3/2012</b>				
<b>Orbit Leasng 1515 28th St Sw Grand Rapids, MI 49509</b>						
						<b>9,550.00</b>
ACCOUNT NO. <b>8197</b>		<b>INSTALLMENT ACCOUNT OPENED 4/2008</b>				
<b>Orbit Leasng 1515 28th St Sw Grand Rapids, MI 49509</b>						
						<b>0.00</b>
ACCOUNT NO.	<b>W</b>					
<b>Otto Bock Healthcare 2801 South Fair Lane Tempe, AZ 85282</b>						
						<b>95.06</b>

Sheet no. **11** of **14** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **10,295.58**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Keiper, Robert Daniel & Keiper, Juanita Marie Case No. \_\_\_\_\_  
Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Palmetto Law Center PLC</b> <b>PO Box 426</b> <b>Marshall, MI 49068</b>	<b>H</b>					<b>1,057.22</b>
ACCOUNT NO. <b>Oaklawn Hospital</b> <b>200 N Madison St</b> <b>Marshall, MI 49068-1143</b>		<b>Assignee or other notification for:</b> <b>Palmetto Law Center PLC</b>				
ACCOUNT NO. <b>2798</b> <b>Palmettolaw</b> <b>P. O. B 426</b> <b>Marshall, MI 49068</b>		<b>OPEN ACCOUNT OPENED 0/</b>				<b>0.00</b>
ACCOUNT NO. <b>Med1 02 Oaklawn Hospital Marshall Mi</b>		<b>Assignee or other notification for:</b> <b>Palmettolaw</b>				
ACCOUNT NO. <b>8104</b> <b>Palmettolaw</b> <b>P. O. B 426</b> <b>Marshall, MI 49068</b>		<b>OPEN ACCOUNT OPENED 0/</b>				<b>1,057.00</b>
ACCOUNT NO. <b>Med1 02 Oaklawn Hospital Marshall Mi</b>		<b>Assignee or other notification for:</b> <b>Palmettolaw</b>				
ACCOUNT NO. <b>3329</b> <b>Professional Business</b> <b>Po Box 227</b> <b>Jackson, MI 49204</b>		<b>OPEN ACCOUNT OPENED 9/2009</b>				<b>0.00</b>

Sheet no. 12 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,114.22**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Keiper, Robert Daniel &amp; Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>The Center For Sight</b>		<b>Assignee or other notification for: Professional Business</b>				
ACCOUNT NO. <b>5113</b> <b>Professional Business</b> <b>Po Box 227</b> <b>Jackson, MI 49204</b>		<b>OPEN ACCOUNT OPENED 9/2009</b>				<b>0.00</b>
ACCOUNT NO. <b>The Center For Sight</b>		<b>Assignee or other notification for: Professional Business</b>				
ACCOUNT NO. <b>I350</b> <b>Radiology Consultants Plc</b> <b>5350 Beckley Road Ste C</b> <b>Battle Creek, MI 49015-4178</b>	<b>W</b>	<b>12/05/2013 - 3/05/2014</b>				<b>107.79</b>
ACCOUNT NO. <b>Republic Services</b> <b>3432 Gembrit Circle</b> <b>Kalamazoo, MI 49001</b>	<b>H</b>					<b>39.00</b>
ACCOUNT NO. <b>Senior Home Health Care, Inc</b> <b>4204 Martin Rd Suite E</b> <b>Walled Lake, MI 48390-4135</b>	<b>H</b>					<b>233.38</b>
ACCOUNT NO. <b>Southwestern Mi Emergency Services Pc</b> <b>Po Box 30516 Dept 8550</b> <b>Lansing, MI 48909-8016</b>	<b>H</b>					<b>558.00</b>

Sheet no. 13 of 14 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

**938.17**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE **Keiper, Robert Daniel & Keiper, Juanita Marie**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Southwestern Mi Emergency Services Pc Po Box 30516 Dept 8550 Lansing, MI 48909-8016</b>	<b>H</b>					<b>43.05</b>
ACCOUNT NO. <b>8401</b> <b>Springlf Fin 160 Division St St Coldwater, MI 49036</b>		<b>INSTALLMENT ACCOUNT OPENED 7/2004</b>				<b>0.00</b>
ACCOUNT NO. <b>Star Fitness 872 E Michigan Avenue Marshall, MI 49068</b>	<b>J</b>	<b>Notice letter only - no amounts or account number noted.</b>				<b>0.00</b>
ACCOUNT NO. <b>Transworld Systems PO Box 15630 Dept 23 Wilmington, DE 19850-5630</b>	<b>H</b>					<b>143.33</b>
ACCOUNT NO.  						
ACCOUNT NO.  						
ACCOUNT NO.  						

Sheet no. **14** of **14** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **186.38**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$ **48,357.49**

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie Case No. \_\_\_\_\_  
Debtor(s) (If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie Case No. \_\_\_\_\_  
Debtor(s) (If known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**Fill in this information to identify your case:**

Debtor 1 **Robert Daniel Keiper**  
First Name Middle Name Last Name

Debtor 2 **Juanita Marie Keiper**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 6I****Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

☐ Employed  
☒ Not employed

☒ Employed  
☐ Not employed

**Occupation****Office Clerk****Employer's name****USF Holland****Estes Express Lines****Employer's address****750 E. 40th St.**  
Number Street**3901 West Broad St.**  
Number Street**Holland, MI 49423-0000**  
City State ZIP Code**Richmond, VA 23230-0000**  
City State ZIP Code**How long employed there? 16 years****15 years****Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**2. List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.2. \$ **261.66**\$ **2,733.57****3. Estimate and list monthly overtime pay.**3. + \$ **0.00**+ \$ **203.08****4. Calculate gross income.** Add line 2 + line 3.4. \$ **261.66**\$ **2,936.65**

Debtor 1

**Robert Daniel Keiper**

First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	\$ <u>261.66</u>	\$ <u>2,936.65</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>48.70</u>	\$ <u>479.22</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>39.25</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: <u>See Schedule Attached</u>	5h. + \$ <u>0.00</u>	+ \$ <u>44.25</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>87.95</u>	\$ <u>901.34</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>173.71</u>	\$ <u>2,035.31</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0.00</u>	\$ <u>0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>173.71</u>	\$ <u>2,035.31</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <u>2,209.02</u>	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <u>None</u>		



IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

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	DEBTOR	SPOUSE
Other Payroll Deductions:		
Health	0.00	6.24
Dental	0.00	1.91
Life	0.00	1.47
Vision	0.00	0.39
401 K	0.00	9.06
LTD	0.00	0.82
STD	0.00	2.17
401 K Loan	0.00	22.19

**Fill in this information to identify your case:**

Debtor 1 **Robert Daniel Keiper**  
First Name Middle Name Last Name

Debtor 2 **Juanita Marie Keiper**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

☒ No

☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,350.00**If not included in line 4:**

4a. Real estate taxes	4a. \$ <u>0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. \$ <u>0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. \$ <u>100.00</u>
4d. Homeowner's association or condominium dues	4d. \$ <u>0.00</u>

Debtor 1

**Robert Daniel Keiper**

First Name

Middle Name

Last Name

Case number (if known)

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>300.00</u>
6d. Other. Specify: <u>See Schedule Attached</u>	6d. \$ <u>41.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>600.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>25.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>50.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>350.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>20.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>192.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1

**Robert Daniel Keiper**

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: \_\_\_\_\_21. **+\$ 0.00**22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 3,578.00**23. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$ 2,209.02**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 3,578.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **\$ -1,368.98**24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie Case No. \_\_\_\_\_  
Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

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Other Utilities (DEBTOR)

**Trash Pick Up**

**20.00**

**Water Softner**

**21.00**

**0.00**

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 34 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: February 20, 2015 Signature: /s/ Robert Daniel Keiper  
**Robert Daniel Keiper**

Debtor

Date: February 20, 2015 Signature: /s/ Juanita Maire Keiper  
**Juanita Maire Keiper**

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

United States Bankruptcy Court  
Western District of Michigan

IN RE:

Keiper, Robert Daniel & Keiper, Juanita Marie

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

☐ None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**5,775.00 2015 Co-Debtors' YTD Gross Income**

**Co-Debtor's Gross Income - no 2015 income information provided to date.**

**37,890.00 2014 Co -Debtor Gross Income**

**From paystubs - no tax return available to date.**

**91,132.00 Debtors' 2013 Gross Income**

**From 2013 Joint Tax Return.**

2. Income other than from employment or operation of business

☐ None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**3,950.00 2015 YTD - Debtor's Disability**

**No 2015 information provided to date.**

**12,000.00 2014 - Debtor's Disability**

**VA/Disability**

**3. Payments to creditors***Complete a. or b., as appropriate, and c.*

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255. \* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Case #: 13-4280-GC Oaklawn Hospital v. Robert D Keiper</b>	<b>Debt Collection</b>	<b>10th District Court 161 E Michigan Avenue Battle Creek, MI 49014</b>	<b>Judgment to Plaintiff - Garnishment w/ 3/24/2014 Expiration</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**5. Repossessions, foreclosures and returns**

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**6. Assignments and receiverships**

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**7. Gifts**

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)



**8. Losses**

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Jeffrey D. Mapes, PLC</b> <b>29 Pearl St. NW, Ste. 305</b> <b>Grand Rapids, MI 49503</b>		<b>1,500.00</b>
<b>Cricket Debt Counseling</b> <b>10121 SE Sunnyside Rd # 300</b> <b>Clackamas, OR 97015-5745</b>	<b>August 2014</b>	<b>72.00</b>

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

- None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **February 20, 2015**

Signature **/s/ Robert Daniel Keiper**

of Debtor

**Robert Daniel Keiper**

Date: **February 20, 2015**

Signature **/s/ Juanita Maire Keiper**

of Joint Debtor

(if any)

**Juanita Maire Keiper**

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

B8 (Official Form 8) (12/08)

**United States Bankruptcy Court  
Western District of Michigan**

**IN RE:**

Case No. \_\_\_\_\_

**Keiper, Robert Daniel & Keiper, Juanita Marie**Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. *(Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)*

Property No. 1	
<b>Creditor's Name:</b> <b>Homesteads Savings Ban</b>	<b>Describe Property Securing Debt:</b> <b>Debtors' Residence</b>
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. *(All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)*

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_ continuation sheets attached *(if any)*

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: **February 20, 2015****/s/ Robert Daniel Keiper**

Signature of Debtor

**/s/ Juanita Maire Keiper**

Signature of Joint Debtor

## UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)  
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

United States Bankruptcy Court  
Western District of Michigan

IN RE:

Case No. \_\_\_\_\_

**Keiper, Robert Daniel & Keiper, Juanita Marie**

Chapter **7**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verifies that the attached list of creditors is true to the best of my (our) knowledge.

Date: **February 20, 2015**

**/s/ Robert Daniel Keiper**

Debtor

**/s/ Juanita Maire Keiper**

Joint Debtor

10th Judicial District Court  
Case #: 09-0729-GC  
161 E. Michigan Ave.  
Battle Creek, MI 49014

10th Judicial District Court  
Case #: 06-8034-GC  
161 E. Michigan Ave.  
Battle Creek, MI 49014

10th Judicial District Court  
Case #: 13-4280-GC  
161 E. Michigan Ave.  
Battle Creek, MI 49014

10th Judicial District Court  
Case #: 10-0510-GC  
161 E. Michigan Ave.  
Battle Creek, MI 49014

12th District Court  
312 S. Jackson St.  
Jackson, MI 49201

Afni  
1310 Martin Luther King Drive, POB 3517  
Bloomington, IL 61702-3517

Allied Collection Grou  
400 Allied Ct  
Zeeland, MI 49464

American General Financial/springleaf Fi  
Springleaf Financial/Attn: Bankruptcy De  
Po Box 3251  
Evansville, IN 47731

Bad Check Recovery  
PO Box 365  
Cadillac, MI 49601-0365

Bank Of America  
P.O. Box 15019  
Wilmington, DE 19886-5019

Beckly Rd Med Imaging And MRI  
1015 Wilcox St PO BOX 358  
Cadillac, MI 49601

Borgess Heart Center for Excellence  
5943 Stadium Dr Ste 3  
Kalamazoo, MI 49009

Borgess Medical Center  
1521 Gull Road  
Kalamazoo, MI 49048-1640

C.A.R.M.  
PO Box 358  
Cadillac, MI 49601-0358

Cadillac Accnts Rec Mg  
1015 Wilcox St  
Po Box 358  
Cadillac, MI 49601-0358

Cadillac Accnts Rec Mg  
Po Box 358  
Cadillac, MI 49601

Cap One Na  
Po Box 26625  
Richmond, VA 23261



Capital 1 Bank  
Attn: Bankruptcy Dept.  
Po Box 30285  
Salt Lake City, UT 84130

Cigna Home Delivery Pharmacy  
PO Box 382097  
Pittsburgh, PA 15250

Coast 2 Coast Financial  
101 Hodencamp Rd. Ste. 120  
Thousand Oaks, CA 91360

Community Health Center  
274 East Chicago St.  
Coldwater, MI 49036

Consumers Energy  
Lansing, MI 48937-0001

Convergent Outsourcing Inc  
10750 Hammerly Blvd Ste 200  
Houston, TX 77043-2317

Credit Management Lp  
4200 International Pkwy  
Carrollton, TX 75007

Credit One Bank  
Po Box 98873  
Las Vegas, NV 89193

EOS CCA  
700 Longwater Drive  
Norwell, MA 02061

First Community Federal Credit Union  
550 S. Riverview Drive  
Parchment, MI 49004

Gateway Fin  
Po Box 6919  
Saginaw, MI 48608

Great Lakes Bone & Joint Center  
2 Heritage Oak Ln  
Battle Creek, MI 49015-4250

Great Lakes Caring  
900 Cooper St.  
Jackson, MI 49224

Great Lakes Home Medical  
900 Cooper  
Jackson, MI 49202

Homesteads Savings Ban  
415 S Savings Bank Fsb  
Albion, MI 49224

Hsbc Bank  
Po Box 5253  
Carol Stream, IL 60197

Hsbc/tax  
90 Christiana Road  
New Castle, DE 19720

I C System Inc  
Po Box 64378  
Saint Paul, MN 55164

Independent Emergency Phys, PC  
PO Box 67000 Dept 236301  
Detroit, MI 48267

Law Office Of Barbara Tsaturova  
PO Box 2878  
Holland, MI 49422-2878

Marshall Area Firefighters Ambulance Aut  
16984 Burlingame Dr.  
Marshall, MI 49068-8422

Medical Financial Solutions  
1521 Gull Road  
Kalamazoo, MI 49048

Monarch Community Bank  
375 N. Willowbrook Rd.  
Coldwater, MI 49036

Money Recovery Nationw  
8155 Executive Ct Ste 10  
Lansing, MI 48917

Money Recovery Nationwide  
PO Box 13129  
Lansing, MI 48901-3129

NCO Financial Systems  
3005 Grape Rd., Ste. A  
Mishiwaka, IN 46545

Nottage Law Office  
3724 W St Joesph  
Lansing, MI 48917

Oaklawn Hospital  
200 N Madison St  
Marshall, MI 49068-1143

Oaklawn Medical Group  
200 North Madison  
Marshall, MI 49068

Orbit Leasng  
1515 28th St Sw  
Grand Rapids, MI 49509

Otto Bock Healthcare  
2801 South Fair Lane  
Tempe, AZ 85282

Palmetto Law Center PLC  
PO Box 426  
Marshall, MI 49068

Palmettolaw  
P. O. B 426  
Marshall, MI 49068

Professional Business  
Po Box 227  
Jackson, MI 49204

Radiology Consultants Plc  
5350 Beckley Road Ste C  
Battle Creek, MI 49015-4178

Republic Services  
3432 Gembrit Circle  
Kalamazoo, MI 49001

Senior Home Health Care, Inc  
4204 Martin Rd Suite E  
Walled Lake, MI 48390-4135

Southwestern Mi Emergency Services Pc  
Po Box 30516 Dept 8550  
Lansing, MI 48909-8016

Springlf Fin  
160 Division St St  
Coldwater, MI 49036

Star Fitness  
872 E Michigan Avenue  
Marshall, MI 49068

Stephen B. Goldstein  
Po Box 1202  
Okemos, MI 48805

Transworld Systems  
PO Box 15630 Dept 23  
Wilmington, DE 19850-5630

**Fill in this information to identify your case:**

Debtor 1 **Robert Daniel Keiper**  
First Name Middle Name Last Name

Debtor 2 **Juanita Marie Keiper**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western District of Michigan**

Case number \_\_\_\_\_  
(if known)

**Check one box only as directed in this form and in Form 22A-1Supp:**

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 22A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

**Official Form 22A-1****Chapter 7 Statement of Your Current Monthly Income**

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 22A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status? Check one only.**

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <u>523.32</u>	\$ <u>2,258.97</u>
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>5. Net income from operating a business, profession, or farm</b>		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	– \$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u> Copy here ➔	\$ <u>0.00</u>
<b>6. Net income from rental and other real property</b>		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	– \$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u> Copy here ➔	\$ <u>0.00</u>
<b>7. Interest, dividends, and royalties</b>	\$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1

**Robert Daniel Keiper**

First Name

Middle Name


Last Name

Case number (if known)

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you ..... \$ 0.00

For your spouse..... \$ 0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$ 1,000.00

\$ 0.00

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. .... \$ .....

\$ .....

\$ .....

10b. .... \$ .....

\$ .....

\$ .....

10c. Total amounts from separate pages, if any.

+\$ 0.00

+\$ 0.00

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 1,523.32

+

\$ 2,258.97

=

\$ 3,782.29

Total current monthly  
income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... Copy line 11 here → 12a.

\$ 3,782.29

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 45,387.48

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Michigan

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. .... 13.

\$ 53,640.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 22A-2.* Go to Part 3 and fill out Form 22A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



/s/ Robert Daniel Keiper

Signature of Debtor 1



/s/ Juanita Maire Keiper

Signature of Debtor 2

Date **February 20, 2015**  
MM / DD / YYYYDate **February 20, 2015**  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 22A-2.

If you checked line 14b, fill out Form 22A-2 and file it with this form.

IN RE Keiper, Robert Daniel & Keiper, Juanita Marie

Case No. \_\_\_\_\_

Debtor(s)

**Other Income Remarks**

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**Line 7 - Pension and retirement income**

Description: **VA Income - Weekly Accident and Sickness**

Remarks: **Co-Debtor has not provided documentation of VA/Retirement Income since 8/2014, but checking account records note continued weekly deposits,**



**United States Bankruptcy Court  
Western District of Michigan**

**IN RE:**

Case No. \_\_\_\_\_

**Keiper, Robert Daniel & Keiper, Juanita Marie**Chapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Keiper, Robert Daniel & Keiper, Juanita Marie**

Printed Name(s) of Debtor(s)

**X /s/ Robert Daniel Keiper**

Signature of Debtor

**2/20/2015**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Juanita Maire Keiper**

Signature of Joint Debtor (if any)

**2/20/2015**

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.